

**CALCULATION OF OVERTIME WAGES OWED LORETTA PROBERT**

**RE:**

**ROBERT PROBERT, LORETTA E. PROBERT, GENE GRISSOM,  
SANDARA GRISSOM, and others similarly situated**  
vs..

**FAMILY CENTERED SERVICES OF ALASKA, INC.,  
and DOES I to X (Managerial Employees Jointly Liable)**

**CASE NO. 4:07-cv-0030-RRB**

March 23, 2009

Kenneth L. Covell  
Law Office of Kenneth L. Covell  
712 8<sup>th</sup> Avenue  
Fairbanks, Alaska 99701

Re: ROBERT PROBERT, LORETTA E. PROBERT, GENE GRISSOM,  
SANDARA GRISSOM, and others similarly situated

vs..

FAMILY CENTERED SERVICES OF ALASKA, INC.,  
and DOES I to X (Managerial Employees Jointly Liable)

CASE NO. 4:07-cv-0030-RRB

Dear Mr. Covell:

This report is in response to your request to provide calculations for overtime wages owed in compliance the Code of Federal Regulations (CFR) as noted in the following audit report.

Please note, that the agreed hourly rate during the preparation of this report is \$100.

Preceding retirement from the State of Alaska, I was employed with the Alaska Department of Labor and Workforce Development, Labor Standards & Safety Division, Wage and Hour Administration for over 26 years in the Fairbanks office. During that time (1978 through July 2004) I worked as a Wage and Hour Technician, Wage & Hour Investigator I and Supervising Investigator, which involved the performance of hundreds of wage audits. The majority of the audits I performed were overtime audits.

This report is based on my review of the records and information provided by Loretta E. Probert along with records and information maintained and provided by Family Centered Services of Alaska. The period of this audit is from 7/26/06 through 8/29/07. A detailed explanation of the audit follows. The total unpaid straight time and overtime wages determined to be owed as a result of this audit is:

**\$88,842.47**

This report was based on the information provided to date. Therefore, I reserve the right to amend, modify, or supplement this report based upon the receipt of new or additional information.

Sincerely,

Monte L. Jordan  
MJ Resources

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### **I. METHOD OF CALCULATION**

The Code of Federal Regulations under 29 CFR 778.107 – General standard for overtime pay, requires that overtime must be compensated at a rate not less than one and one-half times the regular rate at which the employee is actually employed. Further, “if the employee’s regular rate of pay is higher than the statutory minimum, his overtime compensation must be computed at a rate not less than one and one-half times such higher rate.”

In addition, 29 CFR 778.110 – Hourly rate employees, states under (a) that, “if the employee is employed solely on the basis of a single hourly rate, the hourly rate is his “regular rate”.”

Therefore, the employee must be paid, “in addition to his straight time hourly earnings, a sum determined by multiplying one-half the hourly rate by the number of hours worked in excess of 40 in the week.”

Loretta E. Probert was paid as an hourly employee working less than 40 hours in a week. Her wages were based on 36 hours a week for a two-week period as indicated on the upper right hand corner of each time sheet. Her hourly status is detailed by Family Centered Services of Alaska, Inc.’s (FCSA) documents listed below:

Personnel Action Form dated 7/24/06 that reflects Loretta Probert as the Employee with an effective date of 7/24/06. This form notes that Loretta Probert is a “Regular”, “Part Time”, “Exempt”, “New Hire”, “Therapeutic Parent” and reveals the “Rate of Pay” as \$21.64 for 18 “Hours Per Pay Week. The box next to “Hourly” has been checked. This form was signed by Loretta E. Probert on 7/24/06 with additional signatures by a Supervisor, the Director/2<sup>nd</sup> Supervisor, which appears to be S. Dale and someone representing Fiscal. These signatures are dated 7/25/06.

Personnel Action Form dated 8/9/07 for Loretta Probert with an effective date of 7/30/07 indicating an “Orientation Period Evaluation” under “PART II: CHANGE OF STATUS”. On this document Ms. Probert continues under the job title of “TFH Parent” but her “Pay Rate” of 21.64 has been increased to 22.07 for 18 Hours per Week. This form has also been signed by a Supervisor and Director/2<sup>nd</sup> Supervisor, Suzan Dale on 8/9/07, by Loretta Probert on 8/16/07 and personnel from Fiscal on 8/17/07.

“Salary History by Employee”, a computer form for Probert, Loretta E that lists her hourly rate at \$21.64 with an effective date of 7/24/2006 as a “New Hire” and a hourly rate of \$22.07 with an effective date of 07/30/2007 under the “Change Reason” of End Orientation.

“Position History Screen” computer form for 5876 - Probert, Loretta E. a Therapeutic Parent at an hourly wage of 21.64, New Hire with the effective date of 7/24/2006 and an hourly wage of 22.07 indicating the End Orientation with the effective date of 7/30/2007.

A Request for Reimbursement form that states in a handwritten note, “Employee Received a pay increase effective 7/30/07 & needed paid at new rate from effective Date.” The computation reflected for the reimbursement is as follows:

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$$\begin{array}{r} \text{New Rate 22.07} \\ \text{Old Rate } \underline{21.64} \quad 36 \quad 15.48 \\ .43 \times \cancel{80} = \cancel{34.40} \end{array}$$

There is a strike through the 80 and a strike through the 34.40, which results in the equation specifying a 43 cent per hour increase for 36 hours in order to make up the difference for the wage increase from the date it began in a previous pay period.

## **II. BASIS FOR THE OVERTIME CALCULATION**

The hours used for this audit are from FCSA's time sheets filled out by Loretta Probert's and submitted on a bi-weekly basis. Ms. Probert signed her time sheets and they were also signed by a "Supervisor" which, for certain periods included Sue Dale. With few exceptions the time sheets were also initialed by other FCSA personnel and with an occasional change on a time sheet with Ms. Probert's initials. As noted previously, all except three (3) time sheets had a handwritten correction in the up right hand corner wherein the number 40 had a strike through it and the number 36 written above to indicate "EE Hours."

Under Alaska statutes and regulations an employer is required to keep certain records for all employees under Chapter 5 (AS 23.05.080) regardless of their non-exempt or exempt status. Additionally, under Chapter 10 (AS 23.10.100) there is a similar record keeping requirement. These records are to include the following:

an accurate record of the name, address and occupation of each person employed, of the daily and weekly hours worked by each person, and the wages paid each pay period to each person.

The record shall be kept on file for at least three years.

The State of Alaska requirements follow those laid out by the Code of Federal Regulations under 29 CFR 516.2(a).

According to Ms. Probert the hours she entered and turned in to FCSA were the actual hours she worked. By far, the majority of these time sheets reflect 14 daily hours. The main exception to the 14 daily hours was when Loretta Probert was on approved leave. Loretta Probert consistently turned in time sheets that reflected hours worked over 36 in a week and weekly hours worked far in excess of 40. These hours were acknowledged by signatures from FCSA's supervisory personnel. Therefore, it appears that FCSA had full knowledge of the hours worked and "suffered or permitted" (CFR 29.785.11 General) Loretta Probert to continue working long past her 36 scheduled hours while failing the "duty of management to exercise its control and see that the work is not performed if it does not want it to be performed" (CFR 29.785.13 Duty of management). FCSA chose to sit back and accept the benefits of Ms. Probert's labor without compensating her.

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**III. AUDIT EXPLANATION 7/24/06-8/29/07**

FCSA records show that Loretta E. Probert's initial employment as a Therapeutic Parent began on 7/26/06 at the hourly rate of \$21.64 and on 7/30/07 she received a wage increase to \$22.07. Therefore, the attached audit includes straight time hours computed at both these straight time rates and overtime based on one and one-half times the straight time rates resulting in overtime rates of \$32.45 and \$33.11 as indicated in the final calculations.

**IV. AUDIT RESULTS FOR PERIOD 7/24/06 – 7/29/07**

Based on the results of the attached audit, the Total Straight Time Wages and Overtime Wages owed to Loretta E. Probert for the period of 7/24/06 through 8/29/07 at the Straight Time Rate of \$21.64 and Overtime Rate of \$32.45 are:

**192 Straight Time Hours @ \$21.64 = \$ 4,154.88 Total Straight Time Wages**

**2406 Overtime Hours @ \$32.45 = \$ 78,098.76 Total Overtime Wages**

**V. AUDIT RESULTS FOR PERIOD 7/30/07 – 8/29/07**

**18 Straight Time Hours @ \$22.07 = \$ 397.26 Total Straight Time Wages**

**187 Overtime Hours @ \$33.11 = \$ 6,191.57 Total Overtime Wages**

**VI. TOTAL AUDIT RESULTS FOR PERIOD 7/24/06 – 8/29/07**

**\$ 4,552.14 Total Straight Time Wages**  
**\$84,290.33 Total Overtime Wages**

**\$88,842.47 Total ST & OT Wages**

**XI. REPORT CONCLUSION**

As explained above this audit is based on interviews with Loretta E. Probert, records available from FCSA and the Code of Federal Regulations cited in the report. Therefore, the total Straight Time Wages and Overtime Wages owed to Loretta E. Probert for the period of her employment 7/24/06 through 8/29/07 is:

**\$88,842.47**

**Exhibit B Page 5**





FAMILY CENTERED SERVICES OF ALASKA, INC.  
PERSONNEL ACTION FORM~~RECEIVED  
FCSOA~~Services  
ProgramTFHS  
Team

8/9/07

Date Prepared

Employee  
Effective7 30 07  
Month Day Year

At NIA

574465876

S.S. #

 AM PM

## PART I: ADD TO PAYROLL

<input type="checkbox"/> Regular	<input type="checkbox"/> On Call	<input type="checkbox"/> Full Time	<input type="checkbox"/> Exempt	<input type="checkbox"/> New Hire	<input type="checkbox"/> Orientation Period
<input type="checkbox"/> Trainee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Rehire	
Last Term Date					

Job Title \_\_\_\_\_ Range \_\_\_\_\_ Step \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Hours Per Pay Week \_\_\_\_\_ ESC \_\_\_\_\_

 Hourly  Salary

Other Special Conditions \_\_\_\_\_ WC Code \_\_\_\_\_

## PART II: CHANGE OF STATUS

<input type="checkbox"/> Learning Period Evaluation	<input type="checkbox"/> Promotion	Date of Next Review	7/30/07
<input checked="" type="checkbox"/> Orientation Period Evaluation	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other	
<input type="checkbox"/> Annual Evaluation	<input type="checkbox"/> Step Increase	<input type="checkbox"/> Merit	Explain

Status OPTEX Range 13 Step 4, 9  
 ESC 119157  
 W.C. Code 8833

FROM

Job Title TFH Parent  
 Pay Rate 21.64 Hours per Week \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Status OPTEX Range 13 Step 4, 9  
 ESC 119157  
 W.C. Code 8833

TO

Job Title TFH Parent  
 Pay Rate 22.07 Hours per Week 18  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PART III: TERMINATION

<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Lay off	Final Pay Due :
<input type="checkbox"/> Exit Interview			<input type="checkbox"/> Regular Work Hours
			<input type="checkbox"/> Other
Comments _____			

FORWARDING ADDRESS Name \_\_\_\_\_  
 Street No. or P.O. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPROVALS  
 Supervisor Julia Smatresk 8/9/07 Employee Loretta Probert 8-16-07  
 Date \_\_\_\_\_ Date \_\_\_\_\_

Director/2<sup>nd</sup> Supervisor Suzanne Ollie Fiscal K 8/17/07  
 Date \_\_\_\_\_ Date \_\_\_\_\_

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*Approved  
8/17/07*

FAMILY CENTERED SERVICES OF ALASKA, INC.  
PERSONNEL ACTION FORMServices  
ProgramTeam  
TFA 58/29/07  
Date Prepared

Loretta Roberts

Employee  
Effective8 29 07  
Month Day Year

At N/A

524 46 5876  
S.S. # AM  
 PM

## PART I: ADD TO PAYROLL

<input type="checkbox"/> Regular	<input type="checkbox"/> On Call	<input type="checkbox"/> Full Time	<input type="checkbox"/> Exempt	<input type="checkbox"/> New Hire	<input type="checkbox"/> Orientation Period
<input type="checkbox"/> Trainee	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part Time	<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Rehire	Last Term Date

Job Title \_\_\_\_\_ Range \_\_\_\_\_ Step \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Hours Per Pay Week \_\_\_\_\_ ESC \_\_\_\_\_

 Hourly  Salary

Other Special Conditions \_\_\_\_\_ WC Code \_\_\_\_\_

## PART II: CHANGE OF STATUS

<input type="checkbox"/> Learning Period Evaluation	<input type="checkbox"/> Promotion	Date of Next Review _____
<input type="checkbox"/> Orientation Period Evaluation	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Annual Evaluation	<input type="checkbox"/> Step Increase	<input type="checkbox"/> Merit Explain _____

FROM			TO		
Status _____	Range _____	Step _____	Status _____	Range _____	Step _____
ESC _____			ESC _____		
W.C. Code _____			W.C. Code _____		

Job Title _____	Pay Rate _____	Hours per Week _____	Comments _____
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## PART III: TERMINATION

<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Lay off	Final Pay Due: 8/31/07
<input type="checkbox"/> Exit Interview			<input checked="" type="checkbox"/> Regular Work Hours _____
			<input type="checkbox"/> Other _____

Comments \_\_\_\_\_

FORWARDING ADDRESS	Name _____
	Street No. or P.O. _____
	City _____
	State _____
	Zip _____

APPROVALS	Supervisor <u>Laura Smith</u> , 8/29/07	Employee <u>Loretta Roberts</u> 8/29/07
	Date	Date

Director/2 <sup>nd</sup> Supervisor	<u>Susan Dale</u>	Fiscal <u>R</u>	8/30/07
	Date		Date
	8-29-07		

FAMILY CENTERED SERVICES OF ALASKA, INC.  
PERSONNEL ACTION FORM

Program

Team

Date Prepared

Loretta Roberts

JFH 5

8/12/07

Employee

Effective

Month

Day

Year

At N/A

S24 46 5876

S.S. #

 AM PM

## PART I: ADD TO PAYROLL

 Regular  On Call  
 Trainee  Temporary Full Time  Exempt  
 Part Time  Non-Exempt New Hire  
 Rehire Orientation Period

Last Term Date

Job Title \_\_\_\_\_ Range \_\_\_\_\_ Step \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ Hours Per Pay Week \_\_\_\_\_ ESC \_\_\_\_\_

 Hourly  Salary

Other Special Conditions \_\_\_\_\_ WC Code \_\_\_\_\_

## PART II: CHANGE OF STATUS

 Learning Period Evaluation  
 Orientation Period Evaluation  
 Annual Evaluation Promotion  
 Transfer  
 Step Increase MeritDate of Next Review \_\_\_\_\_  
 Other \_\_\_\_\_

Explain \_\_\_\_\_

FROM  
Status \_\_\_\_\_ Range \_\_\_\_\_ Step \_\_\_\_\_  
ESC \_\_\_\_\_  
W.C. Code \_\_\_\_\_TO  
Status \_\_\_\_\_ Range \_\_\_\_\_ Step \_\_\_\_\_  
ESC \_\_\_\_\_  
W.C. Code \_\_\_\_\_Job Title \_\_\_\_\_  
Pay Rate \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Comments \_\_\_\_\_Job Title \_\_\_\_\_  
Pay Rate \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Comments \_\_\_\_\_

## PART III: TERMINATION

 Voluntary  Involuntary  Lay off  
 Exit InterviewFinal Pay Due: 8/13/07  
 Regular Work Hours \_\_\_\_\_  
 Other \_\_\_\_\_

Comments \_\_\_\_\_

FORWARDING ADDRESS Name \_\_\_\_\_  
Street No. or P.O. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_APPROVALS  
Supervisor Laura Smith, 8/29/07 Employee Loretta Roberts, 8/29/07  
Date \_\_\_\_\_Director/2<sup>nd</sup> Supervisor Suzanne Hale, 8-29-07 Fiscal R, 8/29/07  
Date \_\_\_\_\_

Full Name Backward	Pay Rate	Hourly Rate	Effective Date	Change Percent	Change Reason	Next Date
Probert, Loretta E.	\$1,765.6000	\$22.07	07/30/2007	.00	End Orientation	07/30/2008
	\$21.6400	\$21.64	07/24/2006	.00	New Hire	

FCSOA-00432

# Family Centered Services of Alaska, Inc

## Position History Screen

## Position History Screen

**Exhibit B Page 12**

## FAMILY CENTERED SERVICES OF ALASKA

## REQUEST FOR REIMBURSEMENT

(SEE REVERSE FOR INSTRUCTIONS)

NAME: Loretta ProbertEMPLOYEE ID: 5876

(IF APPLICABLE)

(S15 TFH)

PROGRAM: ATOP RDT YESS RESPITE DELTA TFH#1 TFH#2 SSD ADMIN  
(CIRCLE ONE)

EXPENSE DESCRIPTION	DATE(S)	AMOUNT	FOR ACCOUNTING USE ONLY
FOSTER CARE (CLIENT# )		\$	A           C
FOSTER CARE (CLIENT# )		\$	A           C
FOSTER CARE (CLIENT# )		\$	A           C
(COMPLETE A SEPARATE LINE FOR EACH CLIENT)			
VISION EXPENSE (ATTACH PROOF OF PAYMENT)		\$	A           C
FIRST AID/CPR RECERTIFICATION (ATTACH PROOF OF PAYMENT)		\$	A           C
OTHER: (SEE BELOW) Retro	7/30/07-8/4/07	\$ 15.48	A 4     0 0   2   C 9   9   5
OTHER: (SEE BELOW)		\$	A           C
OTHER: (SEE BELOW)		\$	A           C
OTHER: (SEE BELOW)		\$	A           C
OTHER: (SEE BELOW)		\$	A           C
TOTAL:		\$ 15.48	A           C
		\$ 34.90	

EXPLANATION OF "OTHER" REIMBURSEMENTS: (AS A MINIMUM, EXPLAIN WHY FCSA'S PETTY CASH OR PURCHASE ORDER POLICIES WERE NOT USED FOR "OTHER" EXPENSES AND THE JUSTIFICATION FOR REIMBURSEMENT. ATTACH ALL RECEIPTS TO THIS FORM.)

New Rate 22.07

Old Rate 21.64

$$.43 \times \frac{36}{30} = 15.48$$

Employee received a pay increase effective 7/30/07 & needed  
Paid at new rate from effective date

REQUESTED BY: <u>D</u>	DATE: <u>8/29/07</u>
COORDINATOR I (IF APPLICABLE):	DATE:
PROGRAM DIRECTOR: <u>Per PAF</u>	DATE:

FCSA FISCAL DEPT. 07/01/2004

QA \_\_\_\_\_ QA \_\_\_\_\_

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FCSOA-00808

## FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loreen E. Probert

Period Beginning: 7-16-06

Exempt EE Hours

29  
(Last 4 digits of Social Security #)

4 of 29

Staff Signature: Jessica E. Minter

Date 7-28-04

Supervisor: \_\_\_\_\_  
ECSA FISCAL DEPT. 10/07/2005

**FAMILY CENTERED SERVICES OF ALASKA, INC.**

Print Name: Lorraine Probert Period Beginning: 7/30/06  
 Employee #: 5876 Period Ending: 8/12/06  
 (Last 4 digits of Social Security #)

Exempt EE 40 Hours

Filed 04/09/05

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	<u>Sun</u> <u>30</u>	<u>Mon</u> <u>31</u>	<u>Tues</u> <u>1</u>	<u>Wed</u> <u>2</u>	<u>Thur</u> <u>3</u>	<u>Fri</u> <u>4</u>	<u>Sat</u> <u>5</u>	<u>Sun</u> <u>6</u>	<u>Mon</u> <u>7</u>	<u>Tues</u> <u>8</u>	<u>Wed</u> <u>9</u>	<u>Thur</u> <u>10</u>	<u>Fri</u> <u>11</u>	<u>Sat</u> <u>12</u>	<u>TOTAL</u>	<u>Initials</u>
AT&T																
YHHS																
YISSL ELEM																
RPT																
1540 Chena Ridge																
3913 Parks Ridge																
153 Liatris																
1543 Liatris																
158 Liatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	AD
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	AD

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Staff Signature: Lorraine Probert

Date 7-14-06

Supervisor: John Beddoe, Y. Dawson

Date 8/12/06

JP

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# FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert Period Beginning: 8/13/06

Employee #: 5876 Page 16 of 29

(Last 4 digits of Social Security #)

Period Ending: 8/26/06  Exempt EE 360 Hours

	Sun 13	Mon 14	Tues 15	Wed 16	Thur 17	Fri 18	Sat 19	Sun 20	Mon 21	Tues 22	Wed 23	Thur 24	Fri 25	Sat 26	TOTAL	Initial Page
AT&T																
LESS																
LESS ELEM																
EDT																
640 Chena Ridge																
3933 Parks Ridge																
513 Liatris																
603 Liatris																
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	AD

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Staff Signature: Loretta E. Probert Date 8/26/06

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Supervisor: Francesca Dawson FCSCA FISCAL DEPT. 10/07/2005

(F)

(ME)

# FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert

Employee #: 5876

Page 17 of 29  
(Last 4 digits of Social Security #)

Period Beginning: 8-27-06  
Period Ending: 9-9-06

Exempt EE  HRS

36

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initial	Page
ATOP																	
ESS																	
ESSELEM																	
EDT																	
105-2																	
3933 Parks Ridge																	
513 Liatris																	
503 Liatris																	
518 Liatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	194	LP	
SSD																	
DELTA SVCS																	
DWIN																	
LEAVE																	
HOLIDAY																	
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	194		

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Staff Signature: Loretta Probert

Date

9-11-06

## **FAMILY CENTERED SERVICES OF ALASKA, INC.**

Print Name: Loretta Probert

### Employee #

Employee #: 5876

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9

YESSELEM

41

卷之三

23933 Park Klage

1303 LHM

158 Laius

3

DELTASVS

03 ADMIRE

LEAVE

07  
HEOLAY

as  
Total

6

Case 4:07-cv-00030-RRB Document 105-2

Staff Signature: Zoritta Probert

Date 9/25/06

Print Name: Loretha Probert  
 Employee #: 5876  
 Case 4:07-cv-00030-RRB Document 105-2 Filed 04/10/09 Page 18 of 29  
 (Last 4 digits of Social Security #)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YESS																
YESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	14	14	14	14	14	10	8	5	14	14	14	14	14	155		
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	10	8	5	14	14	14	14	14	170		

Exempt EE  Hourly

8

18

## Exhibit B

## FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Lore Ha RobertEmployee #: 58716

(Last 4 digits of Social Security #)

Period Beginning: 9/24/06  
Period Ending: 10/7/06 Exempt EE 360 Hours

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	<b>TOTAL</b>	<b>IN</b>
ATOP																
VESS																
VESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	182	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature: Loretta RobertDate 10/9/06

Supervisor:

Loretta Robert

Date

10/9/06MC

## FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta ProbertPeriod Beginning: 10/18/06Employee #: 5826Period Ending: 10/21/06

(Last 4 digits of Social Security #)

 Exempt EE 40 Hours

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
VESS																
VESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	14	14	14	14	4	0	0	0	0	0	4	14	14	14	106	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	4	0	0	0	0	0	4	14	14	14	106	

Supervisor:

Staff Signature: Loretta ProbertDate 10/23/06

## FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta ProbertPeriod Beginning: 10/22/06Period Ending: 11/4/06

Employee #:

5876

Employee #: (Last 4 digits of Social Security #)

 Exempt  Non-Exempt 40 Hours

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
YES																
VESS ELEM																
RDYT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Supervisor:

Staff Signature: Loretta ProbertDate 11-6-06

Supervisor:

Date 11-6-06

## FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta ProbertEmployee #: 5876

(Last 4 digits of Social Security #)

 Exempt EE 36 HoursPeriod Beginning: 4/15/06Period Ending: 4/16/06

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	Sum	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
WRESS																
VESS ELEM																
RDT																
1540 Chena Ridge																
3953 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris																
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total		14	14	14	14	14	14	14	14	14	14	14	14	14	194	

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Staff Signature: Loretta ProbertDate 4/17/06

**FAMILY CENTERED SERVICES OF ALASKA, INC.**

Print Name: Loretta Roberts Period Beginning: 11/19/06

Employee #: 5876 (Last 4 digits of Social Security #)

Period Ending: 12/10/06

Exempt EE

36 Hours

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Document 105-2	Sun 19	Mon 20	Tues 21	Wed 22	Thur 23	Fri 24	Sat 25	Sun 26	Mon 27	Tues 28	Wed 29	Thur 30	Fri 1	Sat 2	TOTAL	Initials
ATTOP																
YES																
WESS ELEM																
RDIT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	194	
SSD																
ADMIN																
DELTA SVCS																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	194	

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Staff Signature:

Loretta Roberts

Date 12/14/06

+W = 4

Supervisor:

Susan

Date 12/14/06

## FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Loretta Probert  
 Employee #: 5876  
 (Last 4 digits of Social Security #)

Period Beginning: 12/31/06  
 Period Ending: 12/16/06

Exempt EE 40 Hours  
36

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	<b>TOTAL</b>	Initials
ATOP																
VESS																
VESS ELEM																
RDT																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	14	14	14	14	14	14	14	14	14	14	14	14	14	14	196	

Staff Signature: Loretta Probert

Date 12/18/06

Supervisor:

J. Miller

Date

12/18/06





## FAMILY CENTERED SERVICES OF ALASKA, INC.

Print Name: Lore Ha Prubert Period Beginning: 1-14-07 Exempt EE 40 HoursEmployee #: 5874  
(Last 4 digits of Social Security #)Period Ending: 1-27-07

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	Sun 14	Mon 15	Tues 16	Wed 17	Thur 18	Fri 19	Sat 20	Sun 21	Mon 22	Tues 23	Wed 24	Thur 25	Fri 26	Sat 27	TOTAL	Initia
ATOP																
ESS																
YESS ELEM																
DT																
5540 Chena Ridge																
9933 Parks Ridge																
1513 Liatris																
503 Liatris																
518 Liatris																
SD																
DELTA SVCS																
ADMIN																
LEAVE	4	4	4	4	4	4	4	4	4	4	4	4	4	4	102	
HOLIDAY																
Total	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	40

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Staff Signature: Loretta E. PrubertDate 1-29-07

Supervisor:

Loretta E. PrubertDate 1-29-07

**FAMILY CENTERED SERVICES OF ALASKA, INC.**

Print Name: Loretta Phinney

Employee #: 5876

(Last 4 digits of Social Security #)

Period Beginning: 1-28-07

Period Ending: 2-10-07

Exempt EE 40 Hours

*30*

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	Sun 28	Mon 29	Tues 20	Wed 31	Thur 1	Fri 2	Sat 3	Sun 4	Mon 5	Tues 6	Wed 7	Thur 8	Fri 9	Sat 10	TOTAL	Hours
ATOP																
YESS																
YESS ELEM																
RDF																
1540 Chena Ridge																
3933 Parks Ridge																
1513 Liatris																
1503 Liatris																
1518 Liatris	7	14	14	14	14	14	14	14	14	14	14	14	14	14	10	171
SSD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	7	14	14	14	14	14	14	14	14	14	14	14	14	14	10	171

Staff Signature: Loretta E. Phinney Date 2-12-07

Supervisor:

FCSA FISCAL DEPT. 10/07/2005

Print Name: Loretta Probert  
Employee #: 5876  
(Last 4 digits of Social Security #)Period Beginning: 2-11-07  
Period Ending: 2-24-07 Exempt EE 36 Hours

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	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	TOTAL	Initials
ATOP																
ESS																
TEST ELEM																
RDT																
540 Chena Ridge																
933 Parks Ridge																
1513 Liatris																
503 Liatris																
518 Liatris	8	14	14	14	14	14	14	14	14	14	14	14	10			
SD																
DELTA SVCS																
ADMIN																
LEAVE																
HOLIDAY																
Total	8	14	14	14	14	14	14	14	14	14	14	14	10		172	

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Staff Signature: Loretta C. ProbertDate 2-26-07Supervisor: WGD  
FCSA FISCAL DEPT. 10/07/2005WGD